POSITION	INITIALS	ID NO.	DATE
			8/14/00
FEE DETERMINATION	M C		
O.I.P.E. CLASSIFIER	Q	4)	3/14
FORMALITY REVIEW	R	71531	9-28-0
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected
= .... Allowed	I .... Interference
— (Through numeral)... Canceled	A .... Appeal
÷ .... Restricted	O .... Objected

Claim	Date								Claim	Date								Claim	Date							
Final	Original								Final	Original								Final	Original							
	1									51									101								
	2									52									102								
	3									53									103								
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	49									99									149								
	50									100									150								

If more than 150 claims or 10 actions
staple additional sheet here

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